

DEPARTMENT OF SOCIAL SERVICES

744 P Street, Sacramento, CA 95814



May 24, 1991

ALL COUNTY LETTER NO. 91-45

TO: ALL COUNTY WELFARE DIRECTORS

SUBJECT: IMPLEMENTATION OF AB 4252 (CHAPTER 1141, STATUTES OF 1986) DIRECT DEPOSIT BY ELECTRONIC FUNDS TRANSFER FOR IN-HOME SUPPORTIVE SERVICES ADVANCE PAY RECIPIENTS

The purpose of this letter is to provide information and instructions on Direct Deposit by Electronic Funds Transfer (EFT) for the In-Home Supportive Services (IHSS) Program.

AB 4252 (Chapter 1141, Statutes of 1986) became effective on January 1, 1987. This legislation allows any IHSS recipient, who has received IHSS benefits for at least one year and receives his/her IHSS payment in advance, to elect to have his/her IHSS payment directly deposited by EFT into their identified account at a financial institution of his/her choice.

A Direct Deposit Enrollment/Change/Cancellation form (SOC 404) and instructions will be mailed to all potentially eligible advance pay recipients by Electronic Data Systems during the month of June 1991. If interested, a recipient may complete form SOC 404, retain the yellow copy for his/her record and mail the white copy to his/her County Welfare Department for processing.

COUNTY RESPONSIBILITIES

County staff are responsible for verification of the information submitted on the SOC 404 and the data entry into the Case Management, Information and Payrolling System (CMIPS). County staff will also be responsible, at reassessment, to notify eligible advance pay recipients of their eligibility for direct deposit; assist in the completion of the SOC 404; verify the recipient's eligibility for Direct Deposit; enter the information into CMIPS; and resolve problems as they arise. A supply of the form SOC 404 may be obtained free of cost from the State Department of Social Services warehouse on a County Forms Order GEN 727B.

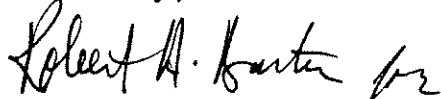
Manual of Policies and Procedures Section 30-769.732 states "In direct payment cases, where a recipient is incapable of handling his/her financial and legal affairs and has a legal guardian or conservator, direct payment shall be made to the recipient's legal guardian or conservator at such person's request." Consequently, a recipient eligible for EFT can designate the financial account of his/her legal guardian or conservator to receive his/her Direct Deposit. County staff will be responsible for insuring that Direct Deposit payments are not made to the financial account of anyone other than the recipient or the legal guardian/conservator of the recipient.

Attached to this letter are instructions for the implementation of Direct Deposit by EFT, (Attachment 1); a facsimile of the IHSS Direct Deposit Enrollment/Change/Cancellation Form (SOC 404), (Attachment 2); a field-by-field description of the SOC 404, (Attachment 2a); a copy of the Direct Deposit Advice that will be mailed to the recipient when a direct deposit has been made, (Attachment 3); Notice of Action messages that will be applicable, (Attachment 4); alert messages, (Attachment 5); a facsimile of the CMIPS EFT screen, (Attachment 6); a field-by-field description of the CMIPS EFT screen, (Attachment 6a); and the on-line edit messages for the CMIPS EFT screen, (Attachment 7).

The CMIPS EFT screen will be available for data entry in early June 1991. SOC 404's entered during June that pass a Pre-note test will generate the first Direct Deposit for the August 1991 pay period. CMIPS User's Manual pages on EFT will be sent with an upcoming IHSS/CMIPS Newsletter.

Any questions regarding Direct Deposit by EFT should be directed to Mr. Wayman Hindsman at (916) 322-0912.

Sincerely,



LOREN D. SUTER
Deputy Director
Adult and Family Services

Attachments

cc: CWDA

INSTRUCTIONSNEW ENROLLMENTS:

County staff will receive the white copy of the form SOC 404 and a voided personal check or a bank deposit slip from the recipient. The voided personal check or deposit slip are used by County staff to verify the correct account and bank routing numbers provided by the recipient on form SOC 404 (see diagrams on enrollment instructions). County staff will review the SOC 404 information for eligibility and accuracy and enter the information on the first segment of the CMIPS EFT screen. Once entered the SOC 404 will be filed in the recipient's case record. CMIPS will automatically generate a Notice of Action (NOA) with message 336: "Your application for Direct Deposit has been processed." W&IC 12304.3

PRE-NOTE PROCESS:

When a new direct deposit enrollment is entered into CMIPS, the status to be entered on the EFT screen will be "P" for Pre-note. Pre-note means that a test tape will be produced from the SOC 404 information entered into CMIPS by County staff. Each month the Pre-note tape will be sent to a direct deposit clearing house for verification of the deposit information. Once the Pre-note tape is produced, the status on the EFT screen will change from "P" (pre-note) to "F" (active) automatically.

PRE-NOTE REJECTIONS:

If there are any discrepancies with the deposit information during the Pre-note process, the financial institution will reject the transaction and send a notice to SDSS with an explanation. SDSS staff will change the status on the EFT screen to "H" (hold) and immediately notify the County regarding the cause of the rejection. County staff will verify the cause of the rejection. If the rejection is due to County error, County staff will enter the correct information on the EFT screen and change the "H" status back to "P" status to begin a new Pre-note process. If the error is due to misinformation, County staff will obtain the correct information from the recipient on a new SOC 404, enter the correct information on the EFT screen and change the status from "H" to "P" to begin a new Pre-note process.

DIRECT DEPOSIT PROCESS:

The first direct deposit will be made one month after the deposit information on the Pre-note tape has been verified by the financial institution. SDSS will send an EFT tape to the State Controller's Office (SCO) containing direct deposit information. The SCO will send a Direct Deposit Advice with a check stub directly to the recipient and a transaction tape to the clearing house. The clearing house will electronically distribute the funds to the correct financial institution for deposit. The posting date of the deposit is the first day of the month, unless the first is on a weekend or holiday, then the posting date is the first working day following the weekend or holiday.

DIRECT DEPOSIT REJECTIONS:

If there are any discrepancies with the deposit information during the electronic transfer the financial institution will reject the transaction and notify SDSS by 10:00 a.m. of the same day via a fax copy of the Rejection Report to SDSS. SDSS staff will change the status on the EFT screen to "H" and immediately notify the County by telephone. County staff will obtain the correct information from the recipient on a new SOC 404, enter the correct information on the EFT screen and change the status from "H" to "P" to begin a new Pre-note process.

VOID TRANSACTION PROCESS:

Once the County has been notified by SDSS that the funds of a rejected electronic transfer were redeposited into the State Treasury, County staff can void an EFT transaction through the IHSS Special Pre-Authorized Transaction (SOC 312) process using the reason code 17="Direct Deposit Returned" in Field 18 REASON. (See the SOC 312 Void Warrant Transactions procedures in the CMIPS User's Manual). The County staff can then issue an emergency warrant through the SOC 312-Supplement/Emergency process using the reason code 17="EFT Emergency Warrant" in Field 4 REASON. (See the SOC 312 Supplement/Emergency Transactions procedures in the CMIPS User's Manual). Emergency warrants will be mailed directly to the recipient.

CHANGES:

When the County is notified by the recipient on the SOC 404 that there is a change of financial institution or other deposit information, County staff will complete the second segment on the EFT screen with a "P" status to generate the Pre-note process. The second segment will remain in "P" status until the Pre-note tape has been generated. Afterward, the first segment will be closed by CMIPS and the second segment will be opened and moved to the top of the screen as the first segment. The SOC 404 instructions tell the recipient that because it may take up to two months to process the pre-note and direct deposit transactions for changes, he/she should consider keeping both accounts open until a deposit is made in the new account.

If an advance pay recipient's impairment status changes from severely impaired to non-severely impaired, CMIPS will automatically cancel the direct deposit and generate a Notice of Action (NOA) with message 337: "You are no longer eligible for an advance payment; therefore your Direct Deposit payment option has been cancelled. W&IC 12304.3".

If a recipient becomes ineligible for advance pay and the County changes the advance pay indicator on Form SOC 293 Field ZZ5, CMIPS will automatically cancel the direct deposit and generate a NOA with message 337. A NOA message 337 will automatically be generated when County staff enters in:

- o Field ZZ2 RSN CD - reason code number 510, 511, or 512;
- o Field ZZ3 BEGINNING DATE - the date the cancellation of the advance pay is effective; and
- o Field ZZ5 ADVANCE - circle "N" to cancel advance pay.

CANCEL DIRECT DEPOSIT ONLY:

If a recipient wishes to cancel his/her direct deposit option without cancelling his/her advance pay status, he/she must notify the County in writing or on the SOC 404 with an authorizing signature. County staff will enter the cancellation information with a "C" status on the EFT screen and CMIPS will automatically generate a NOA with message 338: "You have requested a cancellation of your advance pay/direct deposit option. W&IC 12304.3". This will not affect the advance pay status.

CANCEL ADVANCE PAY AND DIRECT DEPOSIT:

If a recipient wishes to cancel advance pay, he/she must notify the County. County staff will remove the advance pay indicator on Form SOC 293 Field ZZ5, CMIPS will automatically cancel the direct deposit and issue a NOA with message 338.

FORMS AND REPORTS:

After a direct deposit is entered using the EFT screen, CMIPS will automatically display an indicator of "F" in Field M8 PAY OPT on the SOC 293 to show that the recipient receives his/her IHSS advance payment through direct deposit by an electronic fund transfer. The SOC 293 will not show the exact effective date of the direct deposit.

IHSS payments through direct deposit will also generate the following additions to the CMIPS reports:

Recipient Summary Characteristics Listing:

"F" = "Direct Deposit" will be added to the Pay Options section of this report.

Recipient Monthly Characteristics Listing:

"F" = "Direct Deposit" will be added to the Pay section of this report.

Office Caseload Listing:

"F" = "Direct Deposit" will be added to the Pay section of this report.

County Payment Voucher:

"DD" = "Direct Deposit" will be added to the Special Counts Weekly Checks.

Recipient/Provider Eligibility Report:

"F" = "Direct Deposit" will be added to the Pay Options section of this report.

CMIPS Warning Alert Listing (see attachment 5)

STATE OF CALIFORNIA IHSS PROGRAM

Dear IHSS Recipient:

As an alternative to receiving your monthly In-Home Supportive Services (IHSS) advance pay warrant by mail, the State Department of Social Services (SDSS) is offering you the option of having your advance payment electronically transferred to a financial institution (Bank, Savings and Loan, or Credit Union) of your choice. Direct Deposit through Electronic Fund Transfer (EFT) is limited to those financial institutions by law. Direct Deposit is optional. If you choose to continue receiving your advance pay by mail, you do not need to complete the attached form or take any action.

WHAT IS DIRECT DEPOSIT THROUGH EFT?

With Direct Deposit through EFT, your advance payment is electronically transferred to the financial institution of your choice. You will not receive a warrant through the mail. Instead, every month you will receive a deposit stub, by mail from the State Controller's Office, with information about your direct deposit and tax deductions. By the time you receive the deposit stub, your money will already be waiting in your account. This will save you a trip to the bank.

WHO IS ELIGIBLE FOR DIRECT DEPOSIT?

You are eligible for Direct Deposit if you have been an IHSS recipient for one year, receiving your payment in advance and you hire and pay your service providers.

ENROLLMENT INSTRUCTIONS:

*** PLEASE READ CAREFULLY ***

WHEN TO USE THE DIRECT DEPOSIT ENROLLMENT FORM SOC 404.

To enroll in Direct Deposit, complete the Type of Action section and, sections A through K on the attached form (SOC 404).

1. To sign up as a new enrollee.
2. To change Direct Deposit from checking to savings or vice versa.
3. To change Direct Deposit from one financial institution to another.
4. To change depositor account number within a financial institution.
5. To cancel Direct Deposit.

WHEN WILL MY FIRST DIRECT DEPOSIT TRANSACTION BE CREDITED TO MY ACCOUNT?

Your first transaction may occur from 60 to 90 days after your request is received by your County Welfare Office. The posting date of your deposit is the first day of the month, unless it is a weekend or holiday, then it is the first working day following the weekend or holiday.

IF THERE ARE ANY PROBLEMS WITH THE DIRECT DEPOSIT INFORMATION IT CAN DELAY RECEIVING YOUR MONEY BY AS MUCH AS 14 DAYS.

INSTRUCTIONS CONTINUED ON BACK

ENROLLMENT INSTRUCTIONS.

1. To enroll in Direct Deposit, complete the Type of Action section and, sections A through K on the attached form (SOC 404).
2. A separate form must be completed for each type of action requested.

Example 1

FINANCIAL INSTITUTION HOMETOWN, USA	CHECK NO. 4444
PAY TO THE ORDER OF _____	
I:112145678 I: 5765432109812 4444	

Example 2

FINANCIAL INSTITUTION HOMETOWN, USA	CHECK NO. 4444
PAY TO THE ORDER OF _____	
I:112145678 I: 4444 8765432109812	

Routing No. Dep. Acct. No. Ck. No.

Routing No. Ck. No. Dep. Act. No.

3. Please verify your depositor account number and routing number with your financial institution.
4. Attach your voided personal check to the upper left portion of the back of the white copy of the enrollment form if you are depositing your funds into your checking account. This will aid in verifying your depositor account number and routing number.
5. For savings account - secure your routing number and depositor number from your financial institution.

SEND THE WHITE COPY OF THE COMPLETED ENROLLMENT FORM TO YOUR COUNTY WELFARE OFFICE AND RETAIN THE YELLOW COPY FOR YOUR RECORDS.

CHANGING FINANCIAL INSTITUTIONS OR DEPOSITOR ACCOUNTS.

Your Direct Deposit will continue to be deposited into your designated account at your financial institution until the County Welfare Office is notified that you wish to redesignate your account and/or your financial institution. To redesignate, complete and submit a new enrollment form with the new information.

DO NOT CLOSE YOUR OLD ACCOUNT UNTIL YOUR FIRST PAYMENT IS DEPOSITED INTO YOUR NEWLY DESIGNATED ACCOUNT AND/OR FINANCIAL INSTITUTION.

CANCELLATION.

The agreement represented by this authorization remains in effect until cancelled by you by written notice to your County Welfare Office. In the event of your death or legal incapacity, it is the responsibility of your estate to notify your County Welfare Office by written notice. It is your responsibility or the responsibility of your estate to notify the receiving financial institution that the authorization has been cancelled. If you become ineligible for advance payment, your Direct Deposit will be cancelled immediately.

To elect, change or cancel Direct Deposit, please read the attached instructions and complete all of the information requested.

A separate form must be completed for each type of enrollment action.

PLEASE TYPE OR PRINT CLEARLY USING A BALL POINT PEN.

TYPE OF ACTION

1. ☐ NEW

2. ☐ CHANGE

3. ☐ CANCEL

(TO BE COMPLETED BY THE RECIPIENT/GUARDIAN/CONSERVATOR)

A. RECIPIENT NUMBER																													
B. NAME OF PAYEE (LAST, FIRST, MIDDLE)															TELEPHONE #														
ADDRESS (STREET, ROUTE, P.O. BOX)															CITY					STATE					ZIP CODE				
C. NAME OF GUARDIAN/CONSERVATOR (LAST, FIRST, MIDDLE)															TELEPHONE #														
ADDRESS (STREET, ROUTE, P.O. BOX)															CITY					STATE					ZIP CODE				
D. PAYEE SOCIAL SECURITY #										E. TYPE OF DEPOSITOR ACCOUNT (CHECK ONE)																			
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>										<input type="checkbox"/> Checking <input type="checkbox"/> Savings																			
F. NAME AND ADDRESS OF FINANCIAL INSTITUTION															G. ROUTING #														
															<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>														
H. DEPOSITOR ACCOUNT #															<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>														
I. BRANCH NAME & NUMBER																													
J. CHECK APPROPRIATE BOX																													
<input type="checkbox"/> I hereby authorize the County Welfare office to directly deposit my monthly advance payments.																													
<input type="checkbox"/> I hereby authorize the County Welfare office to change my Direct Deposit.																													
<input type="checkbox"/> I hereby cancel my Direct Deposit authorization.																													
K. SIGNATURE OF PAYEE/GUARDIAN/CONSERVATOR															DATE														

White - County copy

Yellow - Payee copy

IN-HOME SUPPORTIVE SERVICES
DIRECT DEPOSIT
ENROLLMENT/CHANGE/CANCELLATION FORM SOC 404
FIELD BY FIELD DESCRIPTION

In-Home Supportive Services (IHSS) Direct Deposit Enrollment/Change/Cancellation Form (SOC 404) is used by advance pay recipients to enroll in, make changes to, or cancel their Direct Deposit by Electronic Funds Transfer (EFT) of their IHSS advance payment.

The Recipient/Guardian/Conservator will complete the form, retain the yellow copy for his/her record, and send the white copy along with a voided personal check or a deposit slip to the County Welfare Department for processing.

DESCRIPTION:

Field: TYPE OF ACTION - Required

Length: 1

Description: Type of Action - One of three types of action will be used on this form. Recipient checks one of the following:

- | | |
|-----------|--|
| 1. NEW | To be used for a new enrollment. |
| 2. CHANGE | To be used for a change in enrollment. |
| 3. CANCEL | To be used for cancellation of enrollment. |

Field: A. RECIPIENT NUMBER - Required

Length: 10 - Numeric

Description: Recipient number - A number designated by the County to represent a specific recipient. The number consists of ten digits: the first two digits designate the County, the next seven digits designate the case number, and the 10th digit is a systems generated check digit.

Field: B. NAME OF PAYEE - Required

Length: 30 - Alpha

Description: Name of Payee - The full name of the recipient, the last name first, first name next and then the middle initial.

Field: B. TELEPHONE # - Optional

Length: 10 - Numeric

Description: Telephone Number - The telephone number of the advance pay recipient (including the area code).

Field: B. ADDRESS (Street, Route, P.O. Box) - Required

Length: 30 - Alpha/Numeric

Description: Address - The mailing address of the advance pay recipient (street, route, P.O. Box).

Field: B. CITY - Required

Length: 20 - Alpha

Description: City - The city where the advance pay recipient resides.

Field: B. STATE - Required

Length: 2 - Alpha

Description: State - The state where the advance pay recipient resides.

Field: B. ZIP CODE - Required

Length: 9 - Numeric

Description: Zip Code - The zip code assigned to the advance pay recipient's mailing address.

Field: C. NAME OF GUARDIAN/CONSERVATOR - Optional

Length: 30 - Alpha

Description: Name of the Guardian/Conservator - the person legally responsible for the recipient.

Field: C. TELEPHONE # - Optional

Length: 10 - Numeric

Description: Telephone Number - the telephone number of the guardian/conservator.

Field: C. ADDRESS (Street, Route, P.O. Box) - Optional

Length: 30 - Alpha/Numeric

Description: Address - the mailing address of the guardian/conservator.

Field: C. CITY - Optional

Length: 20 - Alpha

Description: City - The city of the mailing address of the guardian/conservator.

Field: C. STATE - Optional

Length: 2 - Alpha

Description: State - the state of the mailing address of the guardian/conservator.

Field: C. ZIP CODE - Optional

Length: 9 - Numeric

Description: Zip Code - The zip code assigned to the guardian/conservator's mailing address.

Field: D. PAYEE SOCIAL SECURITY # - Required

Length: 9 - Numeric

Description: Payee Social Security Number - The identification number assigned by the Social Security Administration.

Field: E. TYPE OF DEPOSITOR ACCOUNT - Required

Length: 1 - Numeric

Description: Type of Depositor Account - There are only two types of accounts that can be used for this purpose. Recipient checks one of the following:

1. Checking

2. Savings

Field: F. NAME AND ADDRESS OF FINANCIAL INSTITUTION - Required

Length: 87 - Alpha/Numeric

Description: Name and Address of Financial Institution - The complete name and address of the financial institution to which the payment is to be deposited.

Field: G. ROUTING # - Required

Length: 9 - Numeric

Description: Routing Number - The number assigned for routing the recipient's payment through the clearing house to the financial institution. (See SOC 404 instructions)

Field: H. DEPOSITOR ACCOUNT # - Required

Length: 17 - Numeric

Description: Depositor Account Number - The number assigned to the specific account to which the payment is to be deposited. (See SOC 404 instructions)

Field: I. BRANCH NAME & NUMBER - Required

Length: 47 - Alpha/Numeric

Description: Branch Name & Number - The name and number of the branch of the financial institution to which the payment is to be deposited. (See SOC 404 instructions)

Field: J. CHECK APPROPRIATE BOX - Required

Length: 1 - Alpha

Description: Check Appropriate Box - This is the authorization of the payee for the County to take action on this request. The options are:

1. I hereby authorize the County Welfare office to directly deposit my monthly advance payment.
2. I hereby authorize the County Welfare office to change my Direct Deposit.
3. I hereby cancel my Direct Deposit authorization.

Field: K. SIGNATURE OF PAYEE/GUARDIAN/CONSERVATOR
Required

Description: Signature of Payee/Guardian/Conservator - This is to be signed by the recipient or the person who is legally responsible for the recipient.

Field: K. DATE - Required

Length: 6 - Numeric

Description: Date - The date the form is signed.

DIRECT DEPOSIT ADVICE

DIRECT REPORT NUMBER

Attachment 3

The amount printed on the face of this advice was transmitted to _____ ACCOUNT NUMBER _____

at bank: _____
ROUTING NUMBER

To:

PAYEE IDENTIFICATION
NUMBER(S):

NOT NEGOTIABLE

STATEMENT OF EARNINGS AND DEDUCTIONS

STATE
CONTROLLER

DETACH CHECK HERE Separe el Cheque Aqu
KEEP THIS STUB FOR YOUR RECORDS Guarde este talon para su archivo

[illegible]

EMPLOYER NAME AND ADDRESS	PROVIDER NAME	ADDRESS	SSN

CLASS PROGRAM INFORMATION

DETACH HERE AND COMPLETE FOR YOUR NEXT PAYMENT REQUEST

Separe aquí y complete para su siguiente solicitud de pago.

IHSS TIME SHEET		CO	DO	SW NO
RECIPIENT NUMBER		PROVIDER NUMBER		
ADDRESS CHANGE YES <input type="checkbox"/> WRITE NEW ADDRESS ON REVERSE SIDE		ADDRESS CHANGE YES <input type="checkbox"/> WRITE NEW ADDRESS ON REVERSE SIDE		

[illegible]

I WE AFFIRM THAT THIS TIME SHEET IS A TRUE AND CORRECT STATEMENT OF TIME WORKED UNDER THE IHSS PROGRAM. WE AFFIRM THAT THE SHARE OF COST AND/OR OTHER LIABILITY AMOUNT SHOWN ABOVE HAS BEEN PAID BY THE RECIPIENT FOR THIS PERIOD. WILLFUL MISSTATEMENTS COULD RESULT IN PROSECUTION FOR FRAUD.

AFIRMAMOS QUE ESTE HORARIO ES CUENTA VERDADERA Y CORRECTA DE HORAS TRABAJADAS BAJO EL PROGRAMA IHSS. AFIRMAMOS QUE LA PARTE DEL COSTO Y/U OTRA CANTIDAD DE OBLIGACIONES ANOTADA ARRIBA HA SIDO PAGADA POR EL RECIPIENTE PARA ESTE PERIODO. LAS DECLARACIONES INTENCIONALMENTE INCORRECTAS PUEDEN CAUSAR PROSECUCCION POR FRAUDE.

DO NOT SIGN UNLESS YOU HAVE READ AND UNDERSTAND INSTRUCTIONS ON REVERSE SIDE
NO FIRME HASTA QUE HAYA LEIDO Y ENTENDIDO LAS INSTRUCCIONES AL DORSO

RECIPIENT SIGNATURE	DATE	PROVIDER SIGNATURE	DATE
X		X	

After work has been completed, sign, date and mail to this address:

Una vez que se haya completado el trabajo
firmese y envíese a esta dirección.

EXPLANATION:

SHARE OF COST LIABILITY: THE AMOUNT THE RECIPIENT IS TO PAY FOR HIS/HER OWN CARE.

OTHER LIABILITY: THE AMOUNT TO BE COLLECTED BY THE PROVIDER FROM THE RECIPIENT TO PAY FOR HIS/HER OWN CARE.

PROVIDER OVERPAYMENT: THE AMOUNT OF OVERPAYMENT YOU OWE WHICH WILL BE DEDUCTED FROM YOUR CHECK.

LIEN: A CLAIM ON YOUR INCOME FOR PAYMENT OF A DEBT.

EARNED INCOME CREDIT: THE AMOUNT OF THE ADVANCE PAYMENT OF YOUR EARNED INCOME CREDIT.

EXPLICACIÓN:

RESPONSABILIDAD POR LA PARTE DEL COSTO: LA CANTIDAD QUE EL RECIPIENTE DEBE PAGAR POR SU PROPIO CUIDADO.

OTRAS RESPONSABILIDADES: LA CANTIDAD QUE EL PROVEEDOR DEBE COBRARLE AL RECIPIENTE PARA PAGAR POR SU PROPIO CUIDADO.

PAGO EXCESIVO DEL PROVEEDOR: LA CANTIDAD DEL PAGO EXCESIVO QUE USTED DEBE. QUE SERÁ REDUCIDA DE SU CHEQUE.

GRAVÁMEN: UN RECLAMO CONTRA SUS INGRESOS PARA PAGAR UNA DEUDA.

CREDITO POR INGRESOS GANADOS: LA CANTIDAD DEL PAGO POR ADELANTADO DE SU CRÉDITO POR INGRESOS GANADOS.

NOTE: THE DISCLOSURE OF INFORMATION WHICH IDENTIFIES YOUR EMPLOYER AS AN IHSS RECIPIENT IS PROHIBITED BY LAW. (REF. WELFARE AND INSTITUTIONS CODE SECTION 10850 AND DEPARTMENT OF SOCIAL SERVICES MANUAL OF POLICIES AND PROCEDURES, DIVISION 19.)

NOTA: LA DIVULGACIÓN DE INFORMACIÓN QUE IDENTIFIQUE A SU EMPLEADOR COMO RECIPIENTE DE IHSS SE PROHIBE POR LEY. (VEA LA SECCION 10850 DEL CODIGO DE BIENESTAR E INSTITUCIONES Y LA DIVISION 19 DEL MANUAL DE PRACTICAS Y PROCEDIMIENTOS DEL DEPARTAMENTO DE SERVICIOS SOCIALES.)

PLEASE CHECK THE "HOURS WORKED" BOXES AND "TOTAL HOURS WORKED" BOX TO BE SURE THEY ARE MATHEMATICALLY ACCURATE AND THAT THE HOURS YOU WORKED DO NOT EXCEED THE HOURS AUTHORIZED.

POR FAVOR REVISE LAS CASILLAS "HOURS WORKED" (HORAS TRABAJADAS) Y "TOTAL HOURS WORKED" (TOTAL DE HORAS TRABAJADAS) PARA ASEGURARSE QUE LAS HORAS QUE USTED TRABAJÓ NO EXCEDIERON LAS HORAS AUTORIZADAS.

WRITE NEW ADDRESS IN THIS BOX.
ESCRIBA SU NUEVA DIRECCION EN ESTA CASILLA:

FOR COUNTY REVIEW PURPOSES ONLY

REVIEW DATE AND INITIALS

COMMENTS:

NOTICE OF ACTION MESSAGES

Notice of Action (NOA) automated messages are system driven by entries into the data base. There are other instances when a worker generated NOA code must be used such as when a recipient enters long term care or otherwise must be shown on leave, have services changed or terminated.

It is best to familiarize yourself with the various messages in anticipation of which messages are automated and which messages the Social Services Worker must initiate by the use of a NOA code.

The Electronic Funds Transfer NOA messages are listed numerically.

AUTOMATED
NOTICE OF ACTION MESSAGES

- 335 You receive payment in advance. Ask your Social Service Worker about direct deposit to your bank. W&IC 12304.3
- 336 Your application request for Direct Deposit has been processed. W&IC 12304.3
- 337 You are no longer eligible for an advance payment; therefore your Direct Deposit payment option has been cancelled. W&IC 12304.3
- 338 You have requested a cancellation of your advance pay/direct deposit option. W&IC 12304.3
- 339 Your State Hearing request for Direct Deposit has been processed. W&IC 12304.3

WORKER GENERATED
NOTICE OF ACTION MESSAGES

- 415 Your application for Direct Deposit by Electronic Funds Transfer of your advance payment has been denied because you have not been a recipient of In-Home Supportive Services for at least one year or you are not eligible for advance pay. W&IC 12304.3

ALERT MESSAGE

Alert messages are intended as a reminder to the Social Service Worker that a certain entry(ies) on the Electronic Funds Transfer Screen requires a review and/or action. The action may be a correction to an entry(ies) or documentation of an action in the recipient's case record.

Alert messages are discretionary, but most often a corrective action is indicated.

The Electronic Funds Transfer alert messages are listed numerically.

ALERT MESSAGES

- 040. Recipient has not been receiving IHSS in the County for at least one year and may be ineligible for Direct Deposit.
- 041. The Electronic Funds Transfer request has been placed on Hold.
- 042. CMIPS data base no longer contains Electronic Funds Transfer information.

THIS EFTS I 4311111111
NEXT EFTS I 4311111111

PAYEE THOMAS PATRICK
ADDRESS 3060 MAIN ST #99
PAYEE SSN 123456789
GUARDIAN
ADDRESS

TELEPHONE 408 555 2222
CITY SAN JOSE
ST CA ZIP 95124

CITY
ST ZIP

STATUS P STATUS DATE 050891
FINANCIAL INSTITUTION BANK OF AMERICA
ADDRESS 3000 MICHIGAN AVE
CITY SAN JOSE
ROUTING # 111111118
BRANCH NAME BANK OF AMERICA

TYPE OF ACCOUNT 1

ST CA ZIP 95124

DEPOSITOR ACCOUNT NUMBER 123456
BRANCH NUMBER 222222222

STATUS STATUS DATE
FINANCIAL INSTITUTION
ADDRESS
CITY
ROUTING #
BRANCH NAME

TYPE OF ACCOUNT

ST ZIP

DEPOSITOR ACCOUNT NUMBER
BRANCH NUMBER
DATE LAST CHANGED 050891

IN-HOME SUPPORTIVE SERVICES
ELECTRONIC FUNDS TRANSFER SCREEN
FIELD-BY-FIELD DESCRIPTION

The In-Home Supportive Services (IHSS) Electronic Funds Transfer (EFT) Screen is used to enter information received from a recipient on a SOC 404 Enrollment/Change/Cancellation Form to enroll in, make changes to, or cancel the Direct Deposit of his/her IHSS advance payment. The Recipient/Guardian/Conservator information will automatically appear on the EFT screen from the recipient's SOC 293 information and will not require County input; although County input will be required in the Financial Institution fields.

DESCRIPTION:

**RECIPIENT/GUARDIAN/CONSERVATOR INFORMATION WILL BE
DISPLAYED AUTOMATICALLY FROM THE SOC 293**

Field: PAYEE - Required

Length: 30 - Alphanumeric

Description: Recipient's Name: Last (17) - Alpha/special characters (. , / -) used to identify a specific recipient's family.
First (12) - Alpha/special characters (. , / -) preceding the last name to identify an individual.
MI (1) - Alpha character representing a middle initial.

Field: TELEPHONE - Required

Length: 10 - Numeric

Description: Telephone Number - A unique numeric sequence used for identification of the area code and telephone number of a recipient.

Field: ADDRESS - Required

Length: 30 - Alphanumeric

Description: Address - The mailing address of the recipient.

Field: CITY - Required
Length: 17 - Alpha
Description: City - The city of the mailing address of the recipient.

Field: PAYEE SSN - Required
Length: 9 - Numeric
Description: Payee's Social Security Number - A 9 digit number assigned by the Federal Government.

Field: ST - Required
Length: 2 - Alpha
Description: State - The state of the mailing address of the recipient. Defaults to "CA" if not entered.

Field: ZIP - Required
Length: 9 - Numeric
Description: Zip Code - A five digit numeric code that identifies areas within the United States for purposes of simplifying the distribution of mail.

Field: GUARDIAN - Optional
Length: 30 - Alphanumeric
Description: Guardian/Conservator - Alpha/special characters (. , / -) designating an individual legally responsible for a specific recipient.

Field: ADDRESS - Optional
Length: 30 - Alpha/Numeric
Description: Address (street) - The Guardian/Conservator's mailing address within a designated city.

Field: CITY - Optional
Length: 18 - Alpha
Description: City - The city of the mailing address of the guardian/conservator.

Field: ST - Optional
Length: 2 - Alpha
Description: State - The state of the mailing address of the guardian/conservator. Defaults to "CA" if not entered.

Field: ZIP - Optional
Length: 9 - Numeric
Description: Zip Code - A five digit numeric code that identifies areas within the United States for purposes of simplifying the distribution of mail.

COUNTY STAFF INPUT REQUIRED

Field: STATUS - Required
Length: 1 - Alpha
Description: Status - A code which indicates the status of the recipient's EFT request activities. Valid codes are:

P - PRE-NOTE	F - ACTIVE (automatic)
H - HOLD	C - CANCEL

Field: STATUS DATE - Automatic
Length: 6 - Numeric
Description: Status Date - The date a change was made to the recipient's EFT status. This date will be displayed automatically after all the information is keyed and entered into CMIPS as an add (new enrollment) or a change.

Field: FINANCIAL INSTITUTION - Required

Length: 30 - Alpha/Numeric

Description: Financial Institution - The complete name of the financial institution assigned to receive the recipient's Direct Deposit.

Field: TYPE OF ACCOUNT - Required

Length: 1 - Numeric

Description: Type of Depositor Account - The type of account used to receive financial deposits. There are only two types of valid accounts:

1. Checking

2. Savings

Field: ADDRESS - Required

Length: 60 - Alphanumeric

Description: Address (street) - The financial institution's business address assigned to receive the recipient's Direct Deposit.

Field: CITY - Required

Length: 20 - Alpha

Description: City - The city where the financial institution is located and where the recipient's Direct Deposit will be sent.

Field: ST - Required

Length: 2 - Alpha

Description: State - The state where the financial institution is located and where the recipient's Direct Deposit will be sent.

Field: ZIP - Required

Length: 9 - Numeric

Description: Zip Code - A five to nine digit code that identifies areas within the United States for purposes of simplifying the distribution of mail.

Field: ROUTING # - Required

Length: 9 - Numeric

Description: Routing Number - Used to identify the specific financial institution assigned to receive the recipient's Direct Deposit.

Field: DEPOSITOR ACCOUNT NUMBER - Required

Length: 17 - Numeric

Description: Depositor Account Number - The number assigned to a specific financial account where the Direct Deposit will be electronically transferred.

Field: BRANCH NAME - Required

Length: 27 - Alpha

Description: Branch Name - The branch name of the financial institution where the Direct Deposit will be deposited.

Field: BRANCH NUMBER - Required

Length: 17 - Numeric

Description: Branch Number - The branch number of the financial institution where the Direct Deposit will be deposited.

ON-LINE EDITS (ERROR MESSAGES)

On-line edits occur during data entry to tell the entry person that the data entered is incorrect (a hard edit) or potentially incorrect (a soft edit). If the entry was a key error, the entry person can make the correction. If the entry is a data error, the originating social services worker may be the person responsible for making the correction. A screen print, including the on-line edit, may be useful to help illustrate the problem.

On-line edits or error messages are listed below.

<u>ERROR MESSAGE</u>	<u>EXPLANATION</u>
BOTH SEGMENTS CANNOT BE F STATUS.....	Both segments 1 and 2 cannot be in F status at the same time.
BOTH SEGMENTS CANNOT BE P STATUS.....	Both segments 1 and 2 cannot be in P status at the same time.
CANCEL SEG - UPDATE NOT ALLOWED.....	Updating the segment is not allowed unless you change the status code.
FUNDED SEG - UPDATE NOT ALLOWED.....	Updating the segment is not allowed unless you change the status code.
INVALID ACCOUNT TYPE.....	Invalid account - valid codes are 1 - Checking or 2 - Savings
INVALID STATUS CODE.....	Invalid EFT status code - valid codes are P, H, and C.
INVALID STATUS COMBINATION.....	Both segments 1 and 2 cannot be in H and P status at the same time
INVALID TO GO FROM C TO H OR F.....	Invalid to go from C status to H or F status
INVALID TO GO FROM F TO P.....	Invalid to go from F status to P status

INVALID TO GO FROM H TO F.....	Invalid to go from H status to F status
INVALID TO GO FROM P TO F.....	Invalid to go from P status to F status
RECIP ELIG STATUS INVALID.....	Recipient eligibility status is invalid - not I or E.
RECIP LESS THAN 1 YR.....	Recipient has not received IHSS for at least one year.
RECIP NOT ADV PAY STAT.....	Recipient is not in advance pay status - R.
RECIP NOT IN IP MODE ONLY.....	Recipient is not in the Individual Provider mode only; therefore is not eligible for direct deposit.
RECIP NUMBER NOT ON FILE.....	Recipient number is not on the Master File.
REQ FLD IS MISSING.....	Required field is missing - must have entry.